FORM D

SECURITIES AND EXCHANGE COMMISSION
Washington, D. C. 20549 ENED SO

FORM DEB 0 5 2002

NOTICE OF SALE OF SECURIFIES PURSUANT TO REGULATION DE SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
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hours per response . . . 16.00

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(es) that apply): R Rule 504 Rule 505 Rule 506 Section 4(6) ULOZ
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (D, check if this is an amendment and name has changed, and indicate change.) Stone Form (Group Limited
Address of Executive Offices (Number and Street, City, State, Zip Code) #31-1480 Foster Street, White Rock BC V4B 3X7 Canada 604-538-3461
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business Non-alcoholic beverage development, manufacturing & distribution.
Type of Business Organization Corporation Unified partnership, already formed Unified partnership, to be formed Dimited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: Month Year 9 7 M Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: THOMSUN
CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where cales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consisters a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMS control number.

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A. BASIC IDENTIFICATION DATA

01- 01: 000:

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and management in the Each Box(es) that Apply: 	Promoter	Beneficial Owner	🗷 Executive Officer	A Director	☐General and/or
	· · · · · · · · · · · · · · · · · · ·				Managing Partner
ill Name (Last name first, i	findividual)	orkowski,	James		
usiness or Residence Addre				Canada	
theck Box(es) that Apply:	☑ Promoter	Beneficial Owner	🗷 Executive Officer	Director	☐General and/or Managing Partner
ull Name (Last name first, i	f individual)	Konyi, Thea	dore		
Bysiness or Residence Address #31-1480 Foster				ada	
Theck Box(es) that Apply:	☐ Promoter	🗷 Beneficial Owner	■ Executive Officer	Director ■	☐General and/or Managing Partner
full Name (Last name first, i	if individual)	Ruals, Aubr	ey		
Business or Residence Address 1308 Westmins		rrect, City, State, Zip Coo Birming ham	_{le)} J AL 35235	USA	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	🗷 Director	☐General and/or Managing Partner
full Name (Last name first,	if individual)	Erickson, C	hristian		
Business or Residence Address 41-1151 West	ess (Number and S	treel, City, State, Zip Coo 17COUVET BC	1e) V6H1C5 Ca	nada_	
Check Box(es) that Apply:	□ Promoter	🛮 Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	Stevens,	Boud		
Business or Residence Address To Advantage Sale		treet, City, State, Zip Coo 5016 - 1946 St. N		algary AB	TRE 649 Can
Check Box(es) that Apply:	☐ Promóter	☐ Beneficial Owner	Executive Officer of Substations	Director	□General and/or Managing Partner
Full Name (Last name first,	·	Kirkman,	Paul)	
Business or Residence Address 1715 NW 91 St				4	
Check Box(cs) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first,	if individual)	Mueller, F	Pobert	<i>.</i>	
Business or Residence Address 451 Pemberton		Greet, City, State, Zip Co-	de)		

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Fach general and mai Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	A Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	findividual)	Churchill,	Kenneth) —	
Business or Residence Addre	ss (Number and S VR, Monfa				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐Genetal and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Co.	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				-
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Co.	de)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first,	f individual)		,		· ,
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first,	findividual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)		
Check Box(cs) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Panne
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)		

B. INFORMATION ABOUT OFFERING		
Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes □	No.
Answer also in Appendix, Column 2, if filing under ULOE.		
. What is the minimum investment that will be accepted from any individual?	s <u>20,0</u>	<u>xx</u>
	Yes	No
Does the offering permit joint ownership of a single unit?		×
Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Name of Associated Broker of Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [Check "All States" or check individual States)		
(IL) [IN] ([A]) (KS] (KY) [LA] (MS] (MD) (MA] (MI] (MN) (MS] (MO)		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] (NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] (TX] [UT) [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] (NE] [NV) [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] (PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		-
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	•	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[HI] [HI] [HI] [HI] [HI] [MI] [MY] [MC] [MD] [MI] [MI] [MS] [MO] [MT] [NE] [NV] [MI] [MI] [MY] [MY] [MC] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] (UT) [VT] (VA] [WA] [WV] [WI] [WY] [PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer-		
ing, check this box \(\Pi\) and indicate in the column below the amounts of the securities of		
fered for exchange and already exchanged.		
Type of Security	Aggregati:	Amount Already
	Offering Price	Sald
Debt	S&	s_ _
Equity	s_ _	<u>s</u>
Common □ Preferred → □		
Convertible Securities (including warrants).	s 177.600	s 177,600
Partnership Interests	s	s_ -
Other (Specify)	s D	s_
Total	S 177 100	5 177,600
Answer also in Appendix, Column 3, if filing under ULOE	7	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar.		
amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	A =
	Investors	Aggregate Dollar Amount
		of Purchases
Accredited Investors	4	s_177,600
Non-accredited Investors.		s_ <i>&</i>
Total (for filings under Rule 504 only)	4	s 177,600
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		· .
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		s
Regulation A	<u> </u>	S
Rule 504	<u> </u>	<u>s</u>
Total	8	s <i>\O</i>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the		
issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	🛛	s 500.00
Printing and Engraving Costs		s_500.∞
Legal Foos	🖾	s 1500.00
Accounting Fees		s _
Engineering Fees	🗖	s&
Sales Commissions (Specify finder's fees separately)		s
Other Expenses (identify) Requiatory Filing Fees		s 2000.00
Total		s 4500.00
* ***** * * * * * * * * * * * * * * *	and the second second	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND LICE OF PROCEEDING	
C. OTTERING TRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$ 173,100.00	
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.	,	
	Payments ic Officers,	
	Directors, & Payments To Affiliates Others	
Salaries and fees	s 0 s 0	
Purchase of real estate	S D D S D	
Purchase, rental or leasing and installation of machinery and equipment	5 0 0 s 8	
Construction or leasing of plant buildings and facilities	s O o s O	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger. Repayment of indebtedness. Working capital. Other (specify) Production Costs	$S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$ $S \longrightarrow \square$	
Selling & Marketing Expense	s	
Column Totals	s = s	
Total Payments Listed (column totals added)	05.173,100,00	
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. It following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities an equest of its staff, the information furnished by the issuer to any non-accredited investor pursuan	d Exchange Commission, upon written	
StonePoint Group Limited Signature	Date 1 /21/02	
Name of Signer (Print or Type) Title of Signer (Print or Type) Chairman		

ATTENTION